

# The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA)

Medicare Part D

### Learning Objectives

- Overview of Medicare Part D
- Standard Coverage
- The Limited Income Subsidy (LIS) Program
  - >AHCCCS Customers
  - **►** Non-AHCCCS Customers
- The Role of Contractor Staff
- Helpful Information

### Medicare Prescription Drug Coverage:

- Begins January 1, 2006
- Available to all people with Medicare
- Voluntary program but requires enrollment
- Provided through Part D plans

### Eligibility for Medicare Part D

 Entitled to Part A and/or enrolled in Part B

Reside in a prescription plan service area

Must enroll in a Medicare Part D Plan

### Standard Coverage Plan

#### 2006 Customer Costs:

- \$37 Monthly premium (estimated)
- \$250 Annual deductible
- 25% co-pay from \$250 to \$2,250
- 100% of drug costs from \$2,250 to \$5,100
- 5% co-pay at \$5,100 and up

### Prescriptions Provided through Part D Plans

- Prescription Drug Plan (PDP)
- Medicare Advantage Plans (MA-PD)
- Special Needs Plan (SNP)
- Employer plans for retirees

#### Medicare Part D Plans:

Must offer the standard benefit

- May offer enhanced benefits
- Decide which drugs they will cover (formulary)

### Plans Have Specific Service Areas

PDP – entire state

MA-PD – contracted area

SNP – AHCCCS members

### Formulary

Each plan must identify the list of drugs they cover. Must cover at least 2 drugs in each drug class.

Must cover all drugs these classes: antipsychotics, antidepressants, anticonvulsants, antiretrovirals, antineoplastics, immunosuppressants.

NOT ALL MEDICATIONS ARE COVERED BY ALL PLANS

# Formulary Exception and Appeal Process

- 1. Request an exception
- 2. Request a redetermination
- 3. Appeal

### Enrollment for Standard Coverage

Initial Enrollment Period (IEP)

 Annual Coordinated Election Period (AEP)

Special Enrollment Period (SEP)

### Long Term Care Facilities

Encouraged to contract with all

- PDPs,
- MA-PDs or
- SNPs

### Postponing Enrollment

 Higher premiums for people who wait to enroll

 Assessed 1% of base premium for every month

#### Creditable Coverage

- Coverage is the same or better than a Medicare PDP
- Examples include:
  - Group health insurance for retirees
  - -VA
  - Military coverage, including TRICARE
  - Private health insurance
  - IHS

#### **CMS** Outreach

Media campaign

Web site www.medicare.gov

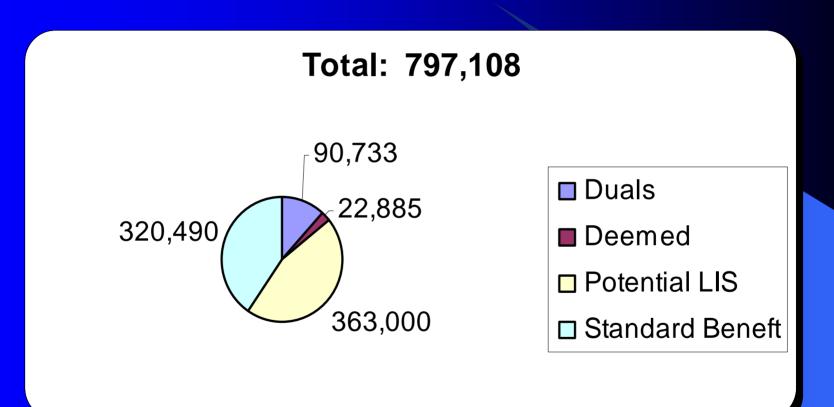
Phone line 1-800-Medicare (633-4227)

### What is Limited Income Subsidy (LIS)?

LIS helps with Medicare Part D Costs and covers three groups:

- ✓ Dual Eligibles AHCCCS/Medicare
- ✓ Deemed Eligibles MCS/Medicare
- ✓ Others with income less than 150% FPL and limited resources

### People With Medicare in Arizona



#### Effective January 1, 2006

- AHCCCS will stop covering Medicare prescription drugs
- AHCCCS members with Medicare will have to enroll in a Medicare Part D plan

### **Dual Eligibles**

People who are eligible for both Medicare and AHCCCS:

- ALTCS
- SSI-MAO
- AHCCCS Freedom To Work
- Families and Children (DES)
- QMB/Duals

### How Part D Works for Dual Eligibles

- No monthly premium
- No deductible
- No coverage gap
- Maximum co-pays based on income
  - ≤ 100% FPL = \$1 for generic, \$3 brand name
  - -> 100% FPL = \$2 for generic, \$5 brand name
  - \$0 co-pay for catastrophic costs

# Auto Enrollment for Dual Eligibles

 Existing dual eligibles auto-enrolled 10/2005

- Dual eligibles after 10/1/05 Autoenrolled if no choice by 12/31/05
- Dual eligibles have an option to change plans

# Important Dates for Dual Eligibles

- May 2005
- September 2005
- October 2005

### Dual Eligibles Checklist

- Is there creditable coverage?
- Wait for more information from CMS about enrollment

#### Deemed Eligibles

People who are on Medicare Cost Sharing Programs, which includes:

- Qualified Medicare Beneficiaries only (QMB)
- Specified Low-income Medicare Beneficiaries (SLMB)
- Qualified Individuals-1 (QI-1)

### How Part D Works for Deemed Eligibles

- No monthly premium
- No deductible
- No coverage gap
- Maximum co-pays based on income
  - -< 100% FPL = \$1 for generic, \$3 brand name</p>
  - -> 100% FPL = \$2 for generic, \$5 brand name
  - \$0 co-pay for catastrophic costs

# Enrollment for Deemed Eligibles

 If customer self enrolls, coverage begins as early as 1/1/06

 If not enrolled by 6/1/06 effective date, CMS will auto-enroll.

### Important Dates for Deemed Eligibles

May 2005

May 2006

### Extra Help for Other People

Eligibility determinations for LIS are done by:

Social Security Administration

#### LIS Benefits

Sliding scale for premiums

Deductibles and co-pays.
based on income and resource levels

### SSA Outreach for "Extra Help"

- 20 million applications nationwide
- 363,000 applications in Arizona
- Outreach events

Training for SHIPs

# Important Dates for Potential LIS Applicants

- May August 2005
- July 2005

#### Social Security Administration

- Will take applications for "extra help"
- Target population:
  - Income below 150% FPL
  - Limited resources
- Several application options

### Social Security Online Help





### Who Can Apply with SSA?

- Beneficiaries
- Representatives
- ANYONE Including YOU!!!
- Others, if requested

### SSA Application Verification

- Relies on client statement
- Uses data matches (e.g., IRS, RRB, OPM, OCSE, County Recorder)
- May need to follow-up with customer

### SSA LIS Application Eligibility Factors

- Include income and resources of applicant and spouse
- Must meet resource limit
- Compare monthly net countable income to <u>family size</u> standard

### Enrollment for Limited Income Subsidy Eligibles

- Once approved, beneficiary must select a prescription plan
- If not enrolled by 5/15/06, CMS auto enrolls on 6/1/06

#### Your Role

- Answer questions!
- Help non dual or deemed customers apply for LIS with SSA
- Assist customers in evaluating Part D Plans.
- Direct individuals with questions about enrollment to available resources

#### Medicare Part D Challenges

- Resistance to change
- Only 1 in 10 said they would enroll
- Only 14% have heard of or visited www.Medicare.gov
- Only 55% have heard of or called 1-800-Medicare

